

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90028 038 \*\*\*\*50.00

0007011

**DOCUMENT # L00000000196**

1. Entity Name  
**GEORGE T. RAMANI & ASSOCIATES, P.L.**

Principal Place of Business      Mailing Address  
**200 S. BISCAYNE BLVD. SUITE 2000**      **200 S. BISCAYNE BLVD. SUITE 2000**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0970784</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RAMANI, GEORGE T</b> <b>200 S. BISCAYNE BLVD. SUITE 2000</b> <b>MIAMI FL 33131</b>		Name <b>GEORGE T. RAMANI</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>200 S. BISCAYNE BLVD SUITE 2000</b>	
		City <b>M.I.A.M.I.</b>	
		State <b>FL</b>	Zip Code <b>33131</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: *George T. Ramani* **GEORGE T. RAMANI**      **MGR / PRES.**      **01/07/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RAMANI, GEORGE T</b> <b>200 S. BISCAYNE BLVD.</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *George T. Ramani* **GEORGE T. RAMANI** Mgr      **1/7/02**  
Signature, typed or printed name of registered agent and title if applicable. DATE

CR2E083 (9/01)